010 ELECTION CYCLE JUGGE	al Candidate	9		Delbert Hosemann CRETARY OF STATE
REPORT OF RECEIPM		BURSEMEN	NTS M	2019
Name of Candidate John Shirley	CALLED TO			baign Finance etary of State
Address PO BOX 4334 Brando	on Ms 38	_County_/lar	Kin	PATE PRAME
Telephone Work 1.01 992 9589 Home		Fax_		
Contact Name John Shirley	Email Add	ress		
Office Sought Circuit Judge -				
Check here if above is different from previous repo	ert			
May 10, 2010 Periodic Report (January 1, 2010				
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)				
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)				
October 10, 2009 Periodic Report (July 1, 2010				
October 26, 2010 Pre-Election Report (October	1, 2010, throug	h October 23, 20	10)	Mandatory
November 16, 2010 Pre-Runoff Report (October	er 24, 2010, thro	ugh November 13	3, 2010)	Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2 Termination Report (Candidate will no longer accompaign expenditures and has no outstanding to	ccept contributio campaign debt c	ns or make bligation)	Required to te obligations	erminate reporting
Pre-Election reports are mandatory, even if no contrib shall submit a report indicating "0" (Zero) for total am	ount of reported	litures have occur contributions and	red. In such ca l expenditures (ise, the candidate during this period.
Until a Candidate files a Termination Report, annual a Ann. § 23-15-807 (b) (ii) and (iii).	nd periodic repo	rts must still be fil	ed in accordan	ce with Miss. Code
(3) The receiving authority must be in actual receipt of the falls on a weekend or a holiday, the office must be in day before the deadline. Faxed reports are acceptable	actual receipt of	s by 5:00 p.m. on the required repor	the reporting d ts by 5:00 p.m.	ay. If the deadline on the first working
REPORTED CONTE	RIBUTIONS A	ND DISBURSE		
Itemized + Non-ite	mized =	This Period		Calendar ear-To-Date
Total amount of contributions \$ 0 +\$	O \$	0	s	0
Total amount of disbursements \$ () +\$	C \$	0	\$	0
Total amount of cash on hand	\$	0		
I certify that I have examined this report and to the be	est of my knowle		/	rte, and complete.
Signature of Candidate		Date 3	16/10	
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for state Penaities: Fallure to submit required reports, or fallure to submit reports in fines of \$50 per day and/or prosecution in accordance with M	rts in accordance w	ith statutory deadline	s, or failure to sub 2).	mit valid reports shall

SEND TO: 1, Caredidates for Statewide, State district, muttl-county and all registedive offices should return form to Secretary of State, Eractions Division, P. O. Box 135, Jackson, MS 39205 or fax to 801-359-1499 or 801-576-2819.

2, Candidates for countywide and county district offices should return forms to their county Circuit Clerk.